



ICAP 2017 Fall Educational Conference
Saturday, September 30, 2017

VENDOR REGISTRATION FORM

(PLEASE PRINT NEATLY)

Personal Name: _____

Name of your **ONE (1)** assistant, if any: _____

Company Name (if Applicable): _____

Street: _____

City: _____ State: _____ Zip: _____

Home / Work / Cell Phone: _____ Fax: _____

Email Address: _____

Signature: _____ **Date:** _____ , 2017

YOUR SIGNATURE ATTESTS THAT YOU HAVE READ AND ACCEPT THE CONDITIONS/STATEMENTS BELOW.

As consideration for being permitted to be a vendor at ICAP's 2017 Fall Educational Conference ("**Conference**"), Vendor hereby agrees, on his/her behalf and on behalf of his/her assigns, heirs, distributees, guardians, and legal representatives, that Vendor will not make a claim against, sue, or attach the property of the organizers of the Conference, their employees, agents, servants, or others who assist with the Conference. This release applies to all successors and companies that are related in any way to the Conference.

Tables will be assigned. Tables are six (6) feet in length. Returning and earlier registrations will be given priority on their preferred locations.

One Hundred Dollars (\$100.00) admittance for Vendor and up to **ONE (1) assistant** per Vendor. Others will need to pay regular price to enter the hall. No exceptions.

No smoking (including vaping). Food and drink is available during the Conference.

No ancillary tables or racks unless you arrange for the space for it in advance with a Board Member of ICAP.

By registering for this conference, you grant ICAP permission to take, use, reuse, and publish: photographs and/or videos of attendees in any and all of its publications, including but not limited to use and publication on the internet, webpages, magazines, e-blasts and social media accounts.

We cannot confirm your registration unless you provide your email address above. All confirmations will be email only, and only if received by **September 23, 2017**.

Return completed form to: programs@icaponline.org